

**REQUEST  
FOR  
CONTINUED EXAMINATION (RCE)  
TRANSMITTAL**

**Address to:  
Commissioner of Patents  
MAIL STOP RCE  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Application Number	10/801,119
Filing Date	March 15, 2004
First Named Inventor	Carsten NEUMANN
Art Unit	3733-9186
Examiner Name	Nicholas WOODALL
Attorney Docket Number	NEUMANN, C. 1

**This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.**

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

**1. [Submission required under 37 CFR 1.114]**

a. ☐ Previously submitted

i. ☐ Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on \_\_\_\_\_.  
(Any unentered amendment(s) referred to above will be entered).

ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_

iii. ☐ Other \_\_\_\_\_

b. ☒ Enclosed

i. ☒ Amendment/Reply

iii. ☐ Information

Disclosure Statement (IDS)

ii. ☐ Affidavit(s)/Declaration(s)

iv. ☐ Other \_\_\_\_\_

**2. [Miscellaneous]**

a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a

period of \_\_\_\_\_ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)

b. ☒ Other **One (1) Month Extension of Time**

**3. [Fees]** The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

a. ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 03-2468.

i. ☒ RCE fee required under 37 CFR 1.17(e) (small entity = \$405.00)

ii. ☒ Extension of time fee (37 CFR 1.136 and 1.17) (small entity = \$65.00)

iii. ☐ Other \_\_\_\_\_

b. ☐ Check in the amount of \$ 770.00/385.00 enclosed

c. ☐ Payment by credit card (Form PTO-2038 enclosed)

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

Name (Print/Type)	William C. Collard	Registration No. (Attorney/Agent) 38,411	(Customer No. <b>25889</b> )

Signature	/William Collard/	Date	August 7, 2009
-----------	-------------------	------	----------------

**CERTIFICATE OF FACSIMILE**

I hereby certify that this correspondence is being sent by facsimile transmission to the U.S.P.T.O. to Patent Examiner N. Woodall at Group No. 3733, to 1-571-273-8300 on August 7, 2009.